Maternal and Child Health Title V Block Grant Application for 2017 and Report for 2015

Nevada State Performance Measures Subcommittee Process and Decisions

The Maternal and Child Health Advisory Board in February 2016 voted to create a subcommittee in order to investigate and decide on three to five State Performance Measures (SPMs) to address priority needs for the 2017 Maternal Child Health Block Grant Application. The priority needs were to be those priorities not addressed by the National Performance Measures (NPMs) or Evidence-Based or -Informed Strategy Measures (ESMs). At the February 2016 meeting, the Board asked that the Subcommittee meet to consider the following topics: mental health, bullying/cyber bullying, access to care including access to prenatal care, teen birth rates with a focus on repeat teen births and Long Acting Reversible Contraceptives (LARCS), and substance use beyond tobacco use (i.e., alcohol, prescription drugs, and illicit drugs). The Maternal and Child Health Bureau (MCHB) stipulates that SPMs should be measurable and that data are available annually to ensure goals are measured in a timely fashion.

During the first meeting of the Subcommittee in March 2016, available data for each of the indicated areas was brought forward.

I. **<u>Access to Care</u>**

a. Proportion of women with health insurance coverage (Data source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates)

i. Data show women without health insurance in Nevada is at a slightly greater proportion than the National average

	18-24 years	25-34 years	35-44 years
Nevada	30.4%	29.5%	24.7%
U. S.	21.6%	21.9%	18.1%

b. Timeliness and adequacy of prenatal care (Data source: Nevada Electronic Birth Records)

i. "Timeliness" for purposes of data examination is prenatal care beginning in the first trimester of pregnancy

ii. Women in Nevada are receiving "late or no" prenatal care at a higher percent than the National figures

	2010	2011	2012	2013
Nevada	13%	11%	11%	10%
U. S.	6%	6%	6%	6%

iii. Black, Native American, and Hispanic women are less likely to receive "timely" prenatal care
iv. Teenage pregnant young women are less likely to receive prenatal care
v. "Adequate/Adequate Plus" prenatal care is care beginning in the fourth month of pregnancy and 80% of recommended visits
vi. The percentage of women in Nevada receiving Adequate/Adequate Plus care has progressively increased from 2010 to 2014, though Nevada has not achieved the Healthy People 2020 (HP 2020) goal of 77.6%

	2010	2011	2012	2013	2014
Nevada	53.6%	56.3%	57.8%	61.2%	70.1%

II. **Bullying/Cyber-bullying** (Data source: Youth Risk Behavior Surveillance Survey (YRBS)).
a. High school and middle school aged adolescents are surveyed every other year. Middle school surveys were added to YRBS in 2015 and prior to this year, only high school students were surveyed.
i. In 2013, high school student data collected indicated that Nevada was similar to the national average.
ii. In 2015, students in Nevada middle school had a higher average of bullying/cyber bullying than students in high school.
iii. There was a slight drop in cyber bullying among high schoolers between 2013 and 2015.

	2015	**2013**
Middle school		
Bullying	44.7	N/A
Electronic Bullying	23.7	N/A
High School		
Bullying	18.5	19.6
Electronic Bullying	13.8	15.0

III. **Family Planning: Teen Pregnancy Prevention** (Data source: Nevada Electronic Birth Records)
a. Nevada teen birth rate is comparable to the national average for 15-17 and 18-19 year old groups.
b. Black, Native American, and Hispanic teenage women have a higher birth rate compared to their White counterparts.
c. Teen pregnancy rates (per 1,000) have slightly declined between the years 2010 to 2013.

	2010	2011	2012	2013
Nevada	49.5	43.88	40.63	35.36

IV. **<u>Mental Health</u>** (Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2011 and 2013-2014)

- **a.** Data indicate 11.6% of Nevada adolescents and teens (aged 12 to 17 years) had at least one Major Depressive Episode (MDE) in the year preceding the survey. This is comparable to the national average.
- **b.** In Nevada, less than a third of those teens with a MDE received treatment. This is comparable to the national average.
- **c.** Data indicate that of Nevada adults, 18 years and older, 4.3% (2013-2014) had a Serious Mental Illness (SMI).
- **d.** Between 2010 and 2014, 32% of Nevada adults with Any Mental Illness (AMI) received treatment within the year prior to being surveyed.

V. **<u>Substance Use</u>** (Nevada Health Information Provider Performance System (NHIPPS) 2011-2014)

- **a.** NHIPPS is a web-based computer system to capture demographic, service, and clinical data on substance abuse clients. Substance Abuse Treatment and Prevention Agency (SAPTA) funded providers use the system for case-management service delivery.
- **b.** Clients of SAPTA funded providers are of all age ranges.
- **c.** This data was discussed in public comment as the population is small and the data only comes from State funded providers.

VI. **<u>Discussion Key Points 3/14</u>**

- **a.** Bullying and Cyber-bullying was removed from the list of potential SPMs because of existing efforts with the Department of Education.

At the second meeting of the Subcommittee (April 2016), the priorities outlined in the first meeting were scrutinized further using the following criteria:

- **a.** The rationale for choosing the current state measures was because of existing initiatives and collaborations in the State
- **b.** Priorities were rather broad
- **c.** Where were efforts being duplicated?
- **d.** Which priorities would have the greatest effect?

After discussion, the subcommittee selected the three following SPMs:

I. **<u>Priority: Preconception and Interception: Access to Care</u>**
<u>SPM #1: Percent of mothers reporting late or no prenatal care</u>

a. This new SPM aligns with the efforts being conducted by MCH under National Outcome Measure (NOM) #1 (*Percent of pregnant women who receive prenatal care beginning in the first trimester*).
b. Data for this measure is available from Nevada vital records (birth certificates).
c. Efforts will focus on increasing receipt of prenatal care access and utilization.

II. Priority Teen Pregnancy Prevention

SPM #2: Percent of repeat teen births

a. Nevada State Personal Responsibility Education Program (PREP) oversees teen pregnancy prevention efforts
b. The population served by PREP includes teens 13 to 19 years old at risk of becoming pregnant, and parenting teens (up to 21 years) if they are currently parenting or pregnant
c. PREP partners with local agencies
d. Repeat teen pregnancies declined between 2010 and 2014
e. This SPM was chosen as an effective area to implement LARC efforts, though STI increases should be tracked as well.

III. Priority: Reduce substance use during pregnancy

SPM #3: Percent of women who use substances during pregnancy

a. This SPM was chosen because it is a priority of the Governor and aligns with the NPM #14a on decreasing smoking during pregnancy.
b. Measure will track alcohol, prescription drug use, and illicit drug use during pregnancy
c. MCH collaborates with SAPTA in oversight of the Sober Moms, Healthy Babies website
d. Data sources will include Baby Birth Evaluation and Assessment of Risk Survey (BabyBEARS)-a PRAMS-like survey, SAPTA, Hospital Inpatient and Hospital Emergency Room data, and Behavioral Risk Factor Surveillance System (BRFSS) data, and Medicaid

Perinatal mental health and postpartum depression was not selected at this time because of the lack of a reliable data source. However, Nevada was recently awarded Pregnancy Risk Assessment Monitoring System (PRAMS) funding and will be able to collect and track data related to this indicator moving forward.